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VOL. IX SEPTEMBER 15, 1913 No. 7

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SEPTEMBER 15, 1913

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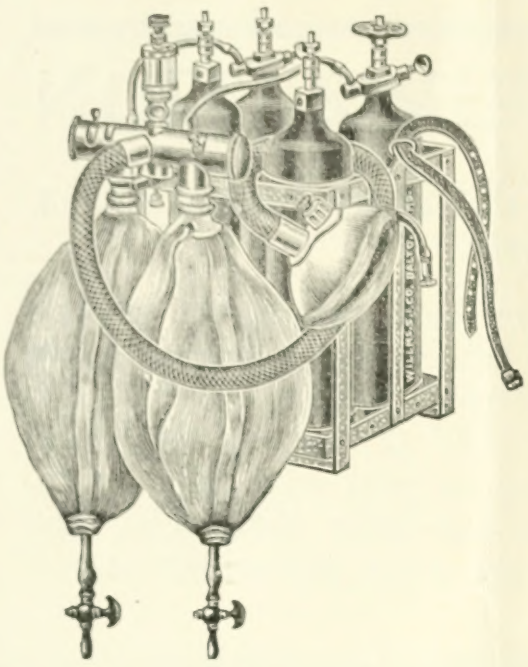

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FROM CHESAPEAKE BAY TO PUGET SOUND AND BACK.

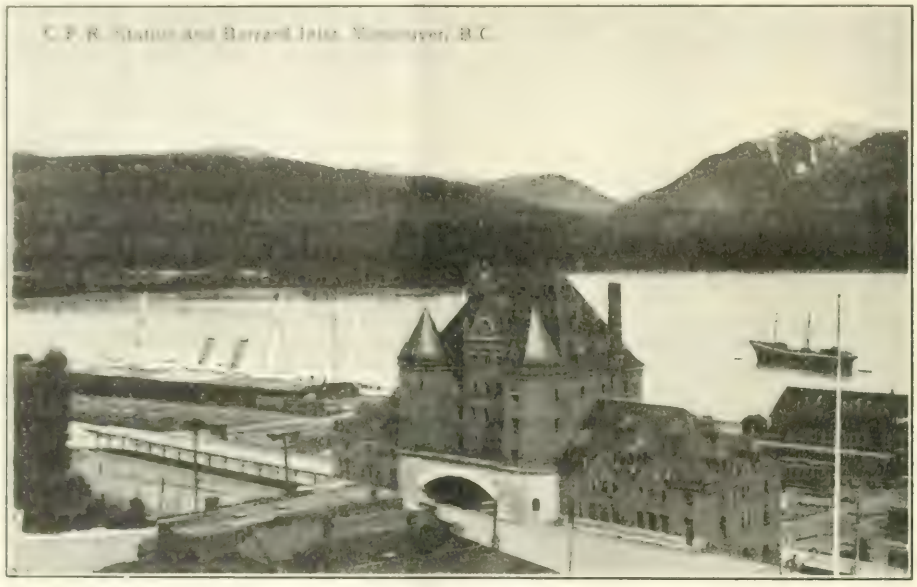
By Randolph Winslow, M.D.

2. Spokane, Seattle, Victoria, the Canadian Rockies and Winnipeg.

At 10.30 on the morning of June 26, I resumed my journey to the Far West, passing through the western portion of Montana, across the panhandle of Idaho and the eastern part of Washington, reaching Spokane about 8 P. M. The country traversed was mountainous, heavily wooded and picturesque. The population was sparse, and the towns small and crude looking. The chief industry, as seen from the train, was logging and milling, and immense quantities of lumber were seen piled up ready for shipment. Spokane is situated on the river of the same name, where there are considerable falls, which are utilized to generate electricity. It is consequently brilliantly illuminated and electrified. This is a very handsome city of 100,000 population. It has fine office and business structures, and beautiful residences. The city is very young, and only a few years back was an army post without other inhabitants. Its growth, however, is very similar to that of many other of the Far Western cities. I remained 24 hours at Spokane, in order to see Drs. A. Aldridge and James G. Matthews, who have settled here, and have met with phenomenal success. Dr. A. A. Matthews, after serving several years at the University Hospital as my assistant, and as medical superintendent, went West, intending to locate in Seattle, but a position as superintendent of St. Luke's Hospital at Spokane being offered him, he located permanently in that city. He is the chief surgeon of the city and surrounding country, and has not only achieved a substantial success, but has reflected credit upon his Alma Mater and his teachers. His brother is associated with him, and is also meeting with much success. Dr. Morris C. Robins was also located here for several years, but has recently left the city. Dr. William E. B. Owens, another of our recent alumni, is located near Spokane, and is associated with Dr. Matthews in some contract work. St. Luke's Hospital is a very nice and well-equipped institution of 130 beds, and it is here that Dr. Matthews does most of his work, though he also operates in the Hospital of the Sacred Heart, which is a magnificent seven-story, fireproof structure, situated on an eminence overlooking the city, with accommodations for about 450 patients. There is also another hospital in the city, and one wonders how they can be supported in a city of 100,000 inhabitants. Spokane, however, is an unusual city for its size. It has a magnificent club—the Spokane—at which I was handsomely entertained; a wonderful restaurant—the Davenport—at which I was also a guest, which is famous in the West, where the choicest viands are served in the finest style; and several splendid hotels. Three great trunk lines of railway, from St. Paul to Seattle, pass through the city, besides other more local roads; hence there are ample facilities for communication with both the East and West. Leaving Spokane in the evening, we reached Seattle about 9 o'clock the next morning—June 28. I spent several days in this city in 1905, and was much pleased with its situation and appear-

since at that time, but its growth and transformation has been very great since then, so that it can scarcely be recognized as the same city. Its present population is probably 250,000, which is nearly double the population of 1905. The city has also a metropolitan appearance, which is in marked contrast to that seen at my previous visit. The Washington Hotel is a magnificent fireproof structure, where you pay well for what you get. In 1905 it was perched on the highest pinnacle in the city, but the old building was torn down, and the hill on which it stood was cut down by hydraulic sluicing and washed into the bay. The present hotel is, therefore, situated at a much lower level than was the former one. In a former letter I commented on the beautiful situation of Seattle, with Puget Sound at its front door and Lake Washington at its back. The city is very hilly, and cars are drawn over the hills by cables. On a clear day there is a beautiful view from the top of the hills, and the snow-capped peaks of Mounts Ranier and Baker can be seen with startling distinctness lifting their hoary heads into the sky. Unfortunately, the weather was overcast during our recent visit, and one would not have suspected there were any mountains within the range of vision. In fact, cloudy and rainy weather attended us most of the time from Minneapolis back to Duluth, and interfered considerably with our pleasure. On Sunday, June 29, we took steamer for Victoria and Vancouver, and began our long return trip. The weather was overcast and chilly, and the view of the mountain ranges on each side of the sound was obscured.

The trip up the Sound was pleasant, and on crossing the Strait of Juan de Fuca we were in British waters, and soon landed at Victoria, the capital of British Columbia, situated at the lower extremity of Vancouver Island. The harbor of Victoria is absolutely land-locked, and suggests that of Baltimore very much. You enter by a narrow passage, and by a tortuous channel are brought right into the city; ocean-going ships lying with their noses against the shore. Victoria has probably 50,000 inhabitants, and is typically English in appearance. It has beautiful cottage homes embowered in flowers, and is doubtless a pleasant place in which to live. It is said that when a resident of British Columbia makes a fortune and retires from business, he settles in Victoria to spend the remainder of his days. The people, however, are very keen to gather in American dollars, and Uncle Sam's coin passes current everywhere. The Parliament House is an imposing structure, and would do credit to a much more populous province. The Empress Hotel is also a splendid and modern hostelry. Leaving Victoria about 3 P. M., it is a four hours' run across the Straits of Georgia to Vancouver, situated on the mainland. This city has increased enormously since I visited it in 1905; its population is probably 150,000, and in the character of its buildings



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it has also changed from a provincial town to a metropolitan city. The University of British Columbia is being established here, with an enormous endowment of land, which will in time yield an immense revenue. This city is the Pacific terminus of the Canadian Pacific Railroad, and from here many lines of ships sail for the Orient, as well as to less distant points. We did not tarry in Vancouver, but took the evening train for the East. The railroad accommodations are not equal to those of the great American lines, the dining-car service is not good, but the ubiquitous colored porter is in evidence, and is pretty independent. A rather confusing time table is used by this road, and the train which leaves at 8 P. M., by our reckoning, is scheduled to depart at 20 o'clock. The next morning early we were at Kamloops, a town of some size, where an insane hospital is located, and were running most of the day through the Selkirk Mountains. The country is sparsely settled, and towns are few and small, but the scenery is fine, and at many of the stations there are excellent hotels, where one can spend time profitably. At Glacier Station there is an immense glacier in plain view, to which one can easily go on foot or on horseback. These glaciers are full of crevasses, and a walk on their surfaces is by no means free of danger. At 10.25 P. M., or, according to local schedule, at 22.25 o'clock, we detrained at Laggan and took the trolley car for Lake Louise, about two and a half miles distant. This is considered the most beautiful point in the Canadian Rockies, though this is an invidious distinction in a region that is full of beautiful spots. Lake Louise is a small, gem-like lake of deep blue color, surrounded by steep mountains. There is a fine chalet hotel here, where all the modern conveniences can be had for an adequate consideration. There are many other lakes in the same vicinity, some of them situated high in the mountains, which can be reached by trail. Nine miles distant are the Ten Peaks. These are separate mountain peaks, serrated and jagged, which, like the teeth of a saw, cleave the skyline. At their base is Moraine Lake, while numerous glaciers stretch downward from the heights. Leaving

LAKE LOUISE, LAGGAN, ALTA.

Laggan at night, we awoke in the vast treeless plains of Saskatchewan, uncultivated and very sparsely settled, but with prosperous towns here and there, as Medicine Hat, population about 15,000, a pretty fair-looking town of frame houses. As we traveled eastward the population became denser, and cultivated acres were more extensive; in fact, this is the great grain belt, and all along the railroad were numerous grain elevators, showing a large traffic in grain. Moose Jaw is a prosperous town of 30,000 inhabitants, which is the point at which the road branches off to St. Paul. We kept on, however, to Winnipeg by the direct route, pashing through Regina, the capital of the province, which is quite a handsome city, with handsome Parliament buildings. Another

night on the train, and the next morning early we approached Winnipeg, the capital of Manitoba. This is a large city, with possibly 100,000 population, with splendid buildings, beautifully paved streets, many trolley lines, fine residences, a large park, and every evidence of wealth. Only a few years ago Winnipeg was an outpost of civilization; now it is a metropolis. The Alexandra is a fine hotel, where the bell boys are miniature Tommy Atkinses, with bobtailed jackets and little round caps perched on the side of their heads. A large immigration is taking place in this country, and it will not be long before the waste

VALLEY OF THE TEN PEAKS, NEAR LAGGAN, ALBERTA.

places are occupied. I was much impressed with the Canadian Pacific Railroad, stretching thousands of miles across the continent, with branch lines running in every direction, and steamships running to almost all ports of the world. An immense amount of freight is carried, as well as a large number of passengers. The bulk of the travelers were either Canadians or English, though, of course, there were a good many Americans. It seemed strange not to see the American flag in an English-speaking country very much resembling our own country in appearance. The Canadians regard their country as practically an independent nation, though their flag is the British ensign with the Canadian arms emblazoned on it. The Northwest mounted police are a picturesque body of constabulary, with their red coats and blue pantaloons and campaign hats. They are also an effective force, and sometimes have very serious work to do. Leaving Winnipeg at 3 P. M. on the "Soo," we reached the international boundary an hour or so later and passed into Northern Minnesota, which is a better-looking country than Monitoba, though much like the neighboring parts of Canada. A night on the train and we were back in St. Paul at 8 A. M. on July 4. The American eagle was already screaming, and there was a lot of stir and bustle in celebration of the great national holiday.

(To be continued.)

Dr. George Heller, Baltimore Medical College, class of 1897, has received the endorsement for the Congressional nomination in the Third district by The Club, 1900 East Baltimore street. The Club also appropriated $100 for a Heller banner in front of the clubrooms, Baltimore and Wolfe streets, in the Sixth ward.

THE PRACTICAL APPLICATION OF THE SCIENCE OF EUGENICS.

By Thomas A. Ashby, M.D., LL.D.

In the *Evening Sun* of July 14 the writer, in an article entitled "The Science of Eugenics in Relation to Racial Improvement," tried to show that while in the simple conditions of nature the laws of natural and sexual selection work for the improvement of all forms of animal and vegetable life through the survival of the fittest, in domesticated animals and plants and in the human race the natural law has been largely set aside by artificial conditions, which have resulted either in racial improvement or racial retardation or deterioration.

The natural law works with a definite purpose, and in the long lapse of time has resulted either in extermination or in an improvement of racial conditions. The artificial law instituted by man works in the most eccentric ways, and through environment, selection and heredity has resulted in marked improvement of living organisms domesticated by man. In domestication man has employed art in selecting and crossing to secure the best results of interbreeding and heredity, taking advantage of the laws of sex union and environment which are not possible in a state of nature where the struggle for existence is more severe. In the improvement of the human race the progress from a savage to a semi-civilized and civilized condition has been extremely slow because racial improvement has been held in check by numerous artificial customs and practices.

Among the uncivilized races the laws of natural and sexual selection have worked very gradually to improve racial conditions, through the elimination of the weak and survival of the strong. Savage man has been more exposed to epidemic and pestilential disease, has been surrounded by an environment less favorable to health and life, and has enjoyed fewer of the advantages which science, invention and human skill are able to give to the more civilized races. The savage man is largely a product of the tropical and frigid regions of the earth, hence climate, food and isolation have had much to do with his racial inferiority. His survival in a savage state is the result of an elimination of the weak through the survival of the strong.

As man ascends in the scale of civilized races his ascent can be traced very largely to his environment, to his constant struggle to improve the conditions of life, through invention, discovery and the orderly government of his social, industrial and political institutions. Respect for life and property is the first step from a savage to a more civilized state of human society, and as this respect has increased the functions of government, through law and social orders, have improved the natural law of environment. Natural selection has in this manner worked great advantage to the human race, and racial improvement can be measured by the progress which the races of mankind have made in overcoming the agencies which nature imposes upon all living organisms.

As man has been able to utilize the vast wealth of nature's kingdom and to subdue or modify the forces which govern the natural world, to that extent he has improved his physical and spiritual nature. The highest civilization can only be reached when mankind has brought under its control the vast resources of the natural and spiritual world, and man's own physical and spiritual nature is made to harmonize with nature's laws.

The true aim of civilization is to discover and utilize the forces of nature for the gradual uplift of the human race. The underlying cause of racial degeneration, as of racial improvement, must be studied from the standpoint of biology, for the facts of life underlie the foundation of religion, of philosophy and of all moral government. To seek and use all truth human study must go to the very root of creative energy and search for the fundamental principles which should govern man's relations to life on earth. If it can be shown that the improvement of the human race is retarded or held in check by artificial customs and practices due to ignorance, false sentiment and often fanaticism, then it will not be unprofitable to review the science of eugenics from a practical and matter of fact standpoint.

It will be necessary to use plain language without confusing prudery with freedom of thought robbed of all feeling of sensuality. The language of science is the voice of truth which seeks to express itself through reason and intelligent statement.

The science of eugenics asserts that the laws of sex selection and of sex union in the human race are more largely influenced by artificial conditions than by natural laws. This assertion is based upon the fact that in the animal in the state of nature sex union is largely controlled by the law of survival of the fittest and that perpetuation and improvement of the race is kept up by the union of the strong and destruction of the weak; that in the domesticated animal the union of the sexes is largely controlled by man, and that the best selections are made for the improvement or modification of the offspring.

In the races of man the union of the sexes is controlled by no fixed law, but is influenced almost entirely by the wishes and interests of the uniting sexes. In the human race sex union has little regard for the rights of the offspring, which, through inheritance, must accept the results, either of good or evil, which may come to it. As society places no legal restraints upon sex union, the feeble and degenerate classes may breed as freely as opportunities are presented and give birth to their progeny charged by heredity with the physical, mental and moral characteristics of their parents. As a result of this unlicensed privilige of indiscrimiate sex union, the physical and mental improvement of the race is not only retarded, but the moral forces of society are held in check by the criminal and degenerate classes.

But society goes even further to check racial improvement through the care which is given in the name of charity to the people least able to improve racial conditions. The offspring of the degenerate and criminal classes are often a charge upon the benevolence of society, and in institutions maintained for their care and support are helped to better conditions of health, and then turned loose from the restraint of charity and benevolence to beget their vicious offspring to the detriment of racial improvement.

This double-edge sword of unlicensed and uncontrolled sex union cuts the cords at both ends which should strengthen racial improvement and leaves society without the support of a rational system of self-protection. The humanity and benevolence of man is his highest attribute. It obeys the instruction of the Great Teacher of Righteousness, who taught man to love his neighbor as himself, yet we may seriously question the ethics of a system which provides for the care and comfort of the few at such an enormous cost to the entire race when wise laws of self-protection are within easy reach for the prevention of social evils.

The science of eugenics offers a remedy for this unnatural system of indiscriminate sex union. It says plainly that the unfit should not be allowed to propagate their own kind. It proposes in two ways to correct this evil. The first is by education, to encourage careful selection in the marital union of the male and female. This is done by pointing out the dangers of inherited and acquired disease. Parents, ministers, physicians and public opinion can all exercise a most potent influence over the youth of both sexes by refusing to sanction such alliance or by warning one or both sexes of the consequences of such unwise unions Men and women who are known to have inherited mental diease of a positive character, or tuberculosis and syphilis in dangerous forms assume the gravest responsibility in wedlock. The offspring of such unions are almost sure to inherit the parental taints in some form.

In the case of those individuals who are a charge upon the resources of the State the science of eugenics asserts most authoritatively that sterilization of both sexes is the only efficient remedy. The application of this remedy can be made both just and humane. Under the modern system of surgery sterilization of either sex can be done without pain or danger. There is no mutilation. The functions of nature are not set aside; procreation is simply suspended. Under proper legal restrictions sterilization would take a wide application, both voluntary and involuntary. In the course of another generation it would be possible to unload our asylums, reformatory institutions, penitentiaries, jails and almshouses of many inmates. It would stop many divorce suits and purify the institution of marriage. It would correct many of the vices now prevalent in all walks of life.

The strength of the human race is in the purity of its blood, in its virility and moral force, in its spiritual aspirations and intellectual culture. These forces lead to racial improvement. They limit the dangers of racial degeneration. In the science of eugenics an artificial law is offered as a substitute for the natural law which society is violating. It presents the only remedy against

existing evils which can be enforced largely by public education and by law.

The following statistics will throw some light on the conditions which lead up to racial degeneration: During the year 1912 4169 insane patients were treated in institutions in Maryland, of which 3790 were from the State and 379 from other States. Of this number 961 were treated in private sanatoria and 2729 were treated at the expense of the State. The number of insane to population in 1912 was 1 to 310. The increase in the insane population during the last 12 years has been 1502. This increase has been most marked among the colored insane. In 1900 there were 357 insane negroes, and in 1912 this number had increased to 549. Included in the insane population there were under treatment during the year 1912 in Rosewood State Training School for the Feeble-Minded 405 patients, maintained at an annual expense to the State of over $80,000. The State appropriates a liberal sum for the care of cases of tuberculosis in State institutions, in addition to large sums appropriated to hospitals throughout the State for the care of all classes of cases.

The State of Pennsylvania presents a striking illustration of the condition of the feeble-minded in that State. According to a recent statement made to Governor Tener, there are 17,000 feeble-minded men, women and children in Pennsylvania, of which number only 2263 are in proper institutions. There were 7000 women of child-bearing age at large. This means that in 15 to 20 years 35,000 feeble-minded children may be added to the population of the State.

These statistics take no account of the thousands of people with all forms of hereditary diseases in their homes and who do not appear as a charge upon the public. If it was necessary to show by statistics the fearful menace to society which comes from the indiscriminate union of the sexes among a large class of the unfit, the facts would be most alarming. Society is drifting along in the face of this great peril of race degeneration, without serious consideration of its growing danger to the health and happiness of the human family. Is it not time to take notice and think?—*Editorial Baltimore Evening Sun, July* 31, 1913.

FEW REMARKS ON THE MANAGEMENT OF DIARRHEAL DISEASES OF INFANCY.*

By Roscoe D. McMillan, M.D. (1910).
Red Springs, N. C.

When we stop to consider that about one-fourth of all deaths occur in the first year of life, and that of these about 60 per cent. are due to gastro-intestinal disturbances—when these appalling facts confront us, our duty as physicians should spur us to greater efforts to attain such knowledge as will help to save the little ones entrusted to our care. In no other branch of medicine is it so necessary that the physician in charge gain the confidence and co-operation of the patient's attendants, since patience and care are two things absolutely necessary if we get the best results. We must exert efforts to dispel the dense clouds of ignorance which in the past, and remains to a certain extent today, surrounding the laity. We must cease to allow mothers to think the diarrheas are the natural results of teething, and must show them that if such were the case every child would have diarrhea from the sixth to the eighteenth month, either continuously or intermittently.

Babies' alimentary canals vary as much as their disposition and mental development. We must prove to them that every child is a law unto itself; that because Mrs. A's baby, who was fed on condensed milk and is well, that that in itself is no reason for believing Mrs. B's baby will be the same.

I will not attempt to enumerate the different varieties of intestinal diseases of infancy, but will speak only of the form most frequently met with in our daily work, i. e., acute ileo-colitis.

The exact nature of this intoxication is by no means clear; the condition is not only intestinal, but also metabolic. The definition of Holt cannot be modified. "It is an inflammatory diarrhea which, in addition to systemic infection, the symptoms of an acute local inflammation have a prominent part."

The onset is sudden, sometimes ushered in with convulsions, often with vomiting, rise in temperature, frequent watery stools. The temperature

*Read by title at Tri-State Medical Association of the Carolinas and Virginia in annual session, Norfolk, Va., February, 1913. Also at Robeson County Medical Society, Lumberton, N. C., April, 1913.

goes up, steadily rising to 104 or 105 in a few hours. Later the discharges are accompanied by pain and tenesmus, with blood and blood-streaked mucus. Stools are frequent and small. The facial expression is characteristic, the staring eyes, mouth usually open, lips parched and dry, pulse rapid and snappy, respirations are rapid and pauseless. Meteorism usually present at the beginning, but more often later, this is due to partial paresis of the intestinal wall from venous congestion, and is a source of great anxiety. The toxemia and venous congestion causes a disturbance of the central nervous system, patients are usually semi-conscious, and in serious cases unconscious. Prolapse of the rectum is a troublesome accompaniment. Leukocytosis is present, urine shows albumin and casts, and there is a rapid loss in weight.

Treatment.—In no single disease is prophylaxis so important. We, as physicians, can do much to reduce the mortality by having our patients avoid weaning their babies in hot weather. During the hot months see that the bath is properly attended to; that all unnecessary clothing is removed, and that the child is kept in the open air as much as possible, avoiding too much exposure to hot sun. Look closely after the eruptive diseases of childhood. Avoid particularly overfeeding during the days of excessive heat; it is a good rule to tell them to diminish each feeding by one-half and make up the deficiency with water, and give water freely between feedings. All water given to infants and young children should be boiled. Last, but not least, encourage maternal nursing by all possible means.

Dietetic Treatment.—In the beginning of the disease two indications are pre-eminent:

1. Stop all food.

2. Supply water. This can be given in the form of albumin water, barley water or whey. After the stomach has been allowed to rest for 24 to 48 hours, let the child take the breast very cautiously, taking about one-fourth the usual amount and at intervals of at least four hours. Between nursings supply the whey, albumin or barley water and beef juice.

Medicinal Treatment.—The first indication is to empty the stomach and intestines at the earliest possible moment, and to do this as thoroughly as possible. It is not always necessary to empty the stomach, as the initial vomiting usually does this, but if there is no vomiting, I generally make them drink as much milk warm water as necessary to completely cleanse the stomach; this can be accomplished much easier than by the use of the stomach pump. To clear the small intestines, of course, cathartics are the only available means. I use calomel given in small doses, frequnetly repeated according to the age of the child. This is followed in six hours by copious irrigations of the colon, with normal salt solution, irrigations being repeated twice a day, if possible. Hot turpentine compresses to abdomen act as a sedative, and are always of service. After a few days, if the pain and straining persist, about one to two ounces of starch water, to which a few drops of laudanum has been added, is gently introduced into the colon and repeated every 6 to 10 hours, as necessary. If the amount of blood is excessive I have used hot water, with a few drops of fl. ext. witch-hazel added, introduced high, with good results.

Give an occasional dose of calomel every few days. I find that it lessens nervousness, reduces temperature to some extent and prevents, in a certain measure, fresh accumulations of fermentative and decomposition products. If the diarrhea is very severe, so that stools are passed every few minutes and the child in a weakened condition from loss of water, opium is indicated. This is best given in the form of paregoric in small doses of castor oil.

Later one of the insoluble preparations of bismuth, preferably bismuth-subnitrate, given in large doses in combination with moderate doses of aromatic syr. rhubarb, powdered lactopeptine, with chalk mixture as a vehicle, is ordered.

Stimulants are required in all severe cases. They are indicated by weak pulse, cold extremities and great prostration. I have seen no objections to using brandy, well diluted, in these cases, even in the very young.

Prolapse of rectum is usually corrected by the gaining weight and strength of the child, but if necessary give enema of one ounce of a 1 to 2 per cent. solution of tannic acid, with small one-piece ear syringe.

Temperature is best controlled by hydro-theraphy. During convalescence, tonics, as iron arsenic and strychnin, are given. Codliver oil later on, when stomach will tolerate it, this being kept up well into the winter months.

In spite of all I have said, many, many cases do not yield to any of the above named remedies, and, in conclusion, I must say in presenting this paper, I do so with a full conviction of my inability to handle this subject in the manner its importance demands. I am not writing on any special knowledge of the subject or for the purpose of advocating any special line of treatment, but rather to pave the way for a free discussion on so important a subject. When we read the opinions and recommendations of some of the most prominent physicions of years gone by, then turn to the treatment of the present day, we are still at sea. The age and learning of the present day demand that we should more thoroughly and scientifically investigate this malady so as to be able scientifically to treat it in a more rational manner and not be continuously drifting on the vast ocean of uncertainty.

SYMPTOMS AND TREATMENT OF RANULA.

By M. Duke Smith.

A *ranula* is a cystic tumor situated immediately beneath the anterior and lateral portions of the tongue, beginning in one or more of the acini of the anterior sublingual glands, also known as "Blandin-Nuhn" glands, as a result of an obstruction to their outlet.

The contents of the cystic formation consists of a clear, somewhat thick, glairy and viscid mucus of a faintly yellow color.

As to what constitutes a true ranula there is some discussion, many authorities claiming that the dilatation of the salivary ducts by retained fluid may constitute a ranula, as well as obstruction to the ducts of the sublingual mucous glands.

Clinically, ranula in general presents itself as a single, semi-translucent, pink or bluish tumor, often having large dilated veins coarsing in waving lines over its thin walls. It is globular in shape and fluctuating, lying either wholly in the mouth or between the mouth and chin. The only pain noted is due to the mechanical pressure. There is a sense of fullness and discomfort varying in intensity according to the size of the tumor, and it will, if not interfered with, grow to considerable size, projecting in the neck below the angle of the chin where fluctuation may be noted.

Ranulæ are usually acquired, and are seen more frequently after mid-life. They may, however, be congenital. They are slow in growth, and at first project into the floor of the mouth beneath the tongue, quite to one side of the lingual frenum. As they grow they elevate the tongue, pushing it over to one side, except in rare cases where bilateral ranula are seen, and in such instances the tongue is pushed directly up against the roof of the mouth. Eventually the pressure against the teeth in front and enlargement of the cyst may even prevent the mouth from closing. When the ranula is unilateral it will push the linqual frenum toward the opposite side, and may project beyond it, giving the appearance of a bilateral tumor, or one tumor divided into a larger and smaller portion. With the filling of the oral cavity marked interference with speech and deglutition is noted.

The great deformity of expression which these tumor-like retention cysts produce is the symptom from which they receive their name, viz., "Rana," meaning frog; the bulging of the tongue and the pale, bluish semi-translucent hue presenting a certain resemblance to the mouth of a frog.

If the dilatation of Wharton's duct with the retention of fluid is also to be considered a ranula, the symptoms will be somewhat different; considerably more pain will be noted; circumjacent swelling with a greater evidence of inflammatory action in all the parts implicated than is noted in a ranula of the sublingual mucous glands.

No other than operative interference is of any avail in the treatment of these cysts, and even in the true thin-walled ranulæ of the sublingual mucous glands it is usually necessary to do more than simply *remove* their contents, for the edges of the wound will reunite and the cyst reappear.

One of the old treatments was to pass a seton (strong silk) through the cyst walls and allow it to remain for a week or ten days, which procedure sometimes effected a cure. If this were not effective, a sort of plastic operation was done, which consisted in forming a triangular flap by converging incisions in the anterior wall of the cyst, and the apex of the incision fastened to the opposite wall. Adhesions were thus formed and the cyst kept open until the wall shriveled up.

Another method of treatment is to excise a part of the cyst wall and destroy the lining with caustics. An injection of tincture of iodine, 10

[illegible] the interior of the wall probably gives better results.

The Paquelin cautery is probably the best instrument to employ in the treatment of ranulæ. First, etherize the patient, introduce the gag, lift the tongue upwards with forceps, and with a platinum knife at red heat dissect away the anterior wall of the cyst. The wound should then be packed with a single ribbon of gauze. The after treatment consists in changing the packing every 24 or 48 hours and at each dressing irrigating the cavity with 1-2000 sublimate solution.

If the Paquelin thermo cautery is not convenient, the contents of the ranula may be removed by an incision, and the entire sac of the cyst dissected out, irrigating the cavity with pure carbolic acid, care being taken to neutralize the excess of carbolic acid with alcohol. This treatment is occasionally resorted to with satisfactory results when the milder measures have failed.

In case the ranula is a dilated Whartonian duct, the removal of the concretion blocking up the orifice of the duct is usually sufficient. Even this, however, requires considerable care, as it is often very brittle, and if any fragments remain they may set up irritation and serve as nuclei for further collections, thus obstructing the duct for a second time. It is preferable therefore to make an incision in the duct long enough to "shell out" the entire stone, thereby permitting drainage of the cyst and lessening the liability for the return of the concretion.

BOOK REVIEWS

International Clinics. Volume XI. Twenty-third Series. Philadelphia and London: J. B. Lippincott Company. Cloth. $2 net. 1913.

There are so many good things in the present issue of "International Clinics" that it is hard to single out any one as of more merit or interest than another. The neurologist, obstetrician, surgeon, internest, etc., can each and everyone find something new and novel in their line in the book before us. The article on Paraxyosmal Hemoglobinuria by C. H. Browning and H. F. Watson strongly sets forth syphilis, especially in the light of the Wasserman reaction, as the causative factor. One cannot read the article without acknowledging the reasonableness of their claims.

The purpose of the article "Therapeutical Exercises Performed Before a Mirror," by H. W. Frauenthal, is to call attention to a method of conducting therapeutical exercises before a mirror, in which the muscle effort is directed with mental concentration on the act. The author regards this as the highest type of active exercise. The method described is based upon the following scientific facts: Anderson of Yale has demonstrated that when a person is securely placed on a body balance and concentrates his mind on an extremity the hyperemia thus produced tips the body balance in the direction of this limb. It has also been found that when motion of an extremity is guided by mental concentration the convolutions in the gray matter of the brain presiding over this motor area are increased. He then asserts a moment's thought makes clear the fact that the nerve efficiency as displayed by the gyrations of the Nautch dancer can be developed by any person in any set of muscles if a proper effort is made for development of sufficient nerve force and nerve control. The practical application of the method as applied to various affections is then set forth at some length. Other articles worth while are "Therapeutic Indications for Antitoxins, Serums," etc.; "Diagnonis of Diseases of the Heart"; "Psychoneuroses in the Male"; "Review of a Year's Fracture Work at the Surgical Dispensary of the University Hospital from the Standpoint of the General Practitioner"; "The Use of Iodine in Abdominal Surgery, Gynecology and Obstetrics."

Dr. Robert W. Price, Baltimore Medical College, class of 1894, of 1337 N. Caroline street, met with a severe loss August 31 when his yacht, "Amelia," after having won many trophies at the Maryland Motorboat Club and elsewhere, burned to the water's edge and sank in the West River. The yacht was in charge of Dr. Price's son, and there were several people aboard, none of whom were hurt. Dr. Price, in speaking of the accident, said he was much grieved over the loss of his yacht, which had won five silver loving cups and a blue ribbon, and was entered for the Love Point race of the Maryland Motorboat Club on September 13, but thankful no lives were lost. The loss was partly covered by insurance.

THE HOSPITAL BULLETIN

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, SEPTEMBER 15, 1913.

AN IRREPARABLE LOSS.

DR. EUGENE F. CORDELL.

On August 1 Dr. Eugene Fauntleroy Cordell took his annual vacation of a month. On the door of Davidge Hall, in which is located the valuable collection of books constituting the library of the Medical Department, he tacked a notice that the library would not be open until September 1. Unexpectedly and suddenly he passed away on August 27. He had suffered from a minor ailment for some days, and a slight operation had been performed on him, from which he was apparently convalescing, when about 4.30 A. M. on August 27 he went into a collapse, and died shortly afterwards. He was Librarian of the Medical School and Professor of the History of Medicine. The phenomenal growth of the library was due to the untiring efforts and wide knowledge of Professor Cordell. From an insignificant collection of books a few years ago he brought together 11,645 volumes, many current journals and several thousand pamphlets, making our library one of the largest medical college libraries of this country. He regarded almost every book as a personal friend, and some of them as honored and intimate companions. He was an authority on the history of medicine in general and on that of Maryland in particular. He was the author of the "Medical Annals of Maryland," and of two histories of the University of Maryland. All of these publications will become more and more authoritative as time passes, and will be consulted as the fountain heads of information on these matters. He also rescued from oblivion many objects of interest, such as letters, manuscripts, diplomas, portraits, instruments and other mementos of the physicians of an earlier day, which would probably have been lost but for him.

He was a most loyal alumnus of the University of Maryland, and was most enthusiastic in support of anything that promised to advance the institution. He was editor of *Old Maryland*, the official organ of the General Alumni Association, and contributed many instructive articles from his own pen.

Twenty years ago he had a clear vision of the absolute necessity of an adequate endowment of the Medical School, and he not only sounded the clarion note of warning, but set about trying to raise money for this purpose. It is greatly to be regretted that he did not see a greater fruition from his labors; but the seed has been sown, and the harvest will surely come if other faithful men take up the work that he has laid down. At a proper time a suitable memorial of him will be presented in these pages, and we at this time only desire to lay a tribute on his bier. We may secure another librarian who shall be able to discharge the duties of the office efficiently; we may appoint another lecturer on the history of medicine who shall be satisfactory, but we cannot replace the loyalty, the enthusiasm, the altruism and the impelling personality that were combined in Professor Eugene Fauntleroy Cordell.

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, $25.

Dr. Nathan Winslow, $10.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

DR. JOHN J. R. KROZER.
Class of 1848.

OUR OLDEST LIVING ALUMNUS.

DR. JOHN J. R. KROZER.

Son of Dr. John E. and Frances Krozer.

Born in Elizabeth City, N. C., August 30, 1827.

Elementary education obtained in private schools and the Virginia Literary, Scientific and Military Academy of Portsmouth, Va.

Matriculated in the medical department of the University of Maryland in October, 1846, from which he was graduated in March, 1848.

Immediately located in Baltimore, where he has ever since practiced his profession.

On April 1, 1913, completed 63 years of practice.

On August 30, 1913, celebrated his 83d birthday at 662 W. Lexington street, where he resides.

It is given to but few to serve his fellow-man over such a space of time, and from present prospects Dr. Krozer still has a number of useful years before him.

He has always been a loyal alumnus, and a credit to the profession and the school which gave him his education.

He is a most courtly gentleman, and much beloved by those who count him among their friends.

His character can best be judged from a line let drop by him in a recent letter, in which he says: "After 63 years of service I am imbued with the determination to wear out and not to rust out."

THE BULLETIN, in behalf of its readers and the Faculty of Physic, desires to extend to Dr. Krozer its felicitations upon the rounding out of such a long and meritorious career.

TO OUR BALTIMORE MEDICAL COLLEGE ALUMNI.

Many inquiries have been coming into this office concerning the eligibility of Baltimore Medical College graduates to the alumni associations of the University of Maryland. It gives us pleasure to announce to our new alumni that they are eligible to membership in both the General Alumni Association and the Medical Alumni Association upon the same terms and with the same privileges enjoyed by the graduates of the University of Maryland. Membership in the General Alumni Association can be obtained by the remittance of $1 to the treasurer, Eugene W. Hodson, Phar. D., in care of Thomas & Thomson, corner Baltimore and Light streets, Baltimore, Md. The annual dues in this association are $1.00, which carries with it a subscription to *Old Maryland*, the official organ of the General Alumni Association. Membership in the Medical Alumni Association can be attained by applying to Dr. John Houff, 15 North Monroe street, Baltimore, Md., for application slip. Before being enrolled in this society the application must be sanctioned by the executive committee, then voted upon at the annual meeting. In this association the dues are likewise $1.00 annually, payable in advance. Members in good standing are entitled to tickets of admission to annual banquet. No mention has been made of initiation fee, for there is none, nor is there life membership in either. The General Alumni Association does, however, issue a certificate of membership upon the payment of fifty cents additional.

Any other inquiries will be gladly answered by this office.

THE PATHOLOGICAL ENDOWMENT FUND.

Dog days, sultry weather, everybody away, nothing doing; but don't let these facts discourage you. Step up and hand in your subscriptions.

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1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00

1889	100 00
1890	200 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	55 00
1900	220 00
1901	270 00
1902	330 00
1903	375 00
1904	135 00
1905	220 00
1906	235 00
1907	120 00
1908	50 00
1909	40 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
1913 Club Latino Americano	30 00
Total subscriptions to Sept. 1, 1913	$10,635 17

NEW SUBSCRIPTIONS IN AUGUST, 1913.

[illegible] J. Sterling Gaetty, 1900	5 00
Total for August	$5 00

ITEMS

The University Council, whose duty it is to formulate the scheme of studies to be pursued by students desiring both an academic and a professional, or scientific degree, and to act upon such other matters as may be brought before it, is as follows:

The Chancellor, Hon. Phillips Lee Goldsborough, Governor of Maryland.

The Provost, Thomas Fell, Ph.D., LL.D., D. C. L., president of St. John's College.

Philemon H. Tuck, A.M., LL.D., for St. John's College.

Professors R. Dorsey Coale, Ph.D., and Randolph Winslow, A.M., M.D., LL.D., for School of Medicine.

Professors Henry D. Harlan, LL.D., and Henry Stockbridge, LL.D., for School of Law;

Professor T. O. Heatwole, M.D., D.D.S., for School of Dentistry.

Professor Charles Caspari, Jr., Phar.D., for School of Pharmacy.

According to the 1913-1914 announcement, the Board of Regents of the University of Maryland is as follows:

Thomas Fell, Ph.D., LL.D., D.C.L., Provost; R. Dorsey Coale, Ph.D., M.D.; Randolph Winslow, A.M., M.D., LL.D.; Thomas A. Ashby, M.D., LL.D.; Hon. Henry D. Harlan, LL. D.; L. E. Neale, M.D., LL.D.; J Holmes Smith, M.D.; Hon. John C. Rose; D. M. R. Culbreth, Ph.G., M.D.; John C. Hemmeter, M.D., Ph.D., LL.D.; Charles Caspari, Jr., Phar.D.; Daniel Base, Ph.D.; Henry P. Hynson, Phar.D.; Hon. Henry Stockbridge, LL.D.; Philemon H. Tuck, LL.D.; Thomas Fell, Ph.D., LL.D., D.C.L.; Edgar A. Poe, Esq.; Arthur M. Shipley, M.D.; Joseph C. France, Esq.; Timothy A. Heatwole, M.D., D.D.S.; Hon. Robert Moss; David Streett, A.M., M.D.; Samuel K. Merrick, M.D.; Ridgely B. Warfield, M.D.

Dr. A. L. Fehsenfeld, class of 1909, Fairview and Garrison avenues, Fifteenth Ward, has been selected as a medical examiner of schools, to take effect upon the reopening of the schools this month. Formal announcement of Dr. Fehsenfeld's appointment was made by Health Commissioner Gorter.

Dr. Joshua W. Hering, class of 1855, of Westminster, Md., who has been ill at his home for some time, has tendered his resignation as a member of the Public Service Commission to Governor Goldsborough. The resignation will take effect September 15, 1913.

Dr. J. William Funk, class of 1888, paid a short visit to Ocean City, Md., where he was registered at the Maddox Cottage.

The following is a list of those who passed the Maryland State Board Medical Examination, held in Baltimore, June 17-20, 1913, and to whom licenses were granted to register as physicians and surgeons:

Philip J. Bean, Earle G. Breeding, Francis F. Callahan, Leo M. Cavanaugh, Frederick L. Detrick, George W. Disbrow, John B. Donovan, Leonard Hays, Clarence W. Judd, Howard E.

Lecates, Franklin D. Murphy, Elmer Newcomer, Walter A. Ostendorf, William H. Toulson, Edgar E. Travers and Humphrey W. Butler, all of the class of 1913; Charles F. W. Bove and John W. V. Clifft, both of the class of 1913, Baltimore Medical College; Edwin V. Whitaker and Bertrand Allen Lillich, class of 1912, and Richard C. Dodson, class of 1911.

The University of Maryland record at the recent State Board examinations is as follows:

Number.	Class.	Anatomy.	Surgery.	Pathology.	Obstetrics.	Practice.	Chemistry.	Materia Medica.	Therapeutics.	Physiology.	Total.	Average.
1.....	1911	75	..	79	..	75	..	..	91	..	...	..
*6.....	1912	75	..	75	..	75	..	..	..	..	....	..
11.....	1911	77	75	75	70	69	68	63	67	75	639	71
14.....	1912	84	75	71	78	75	96	75	86	75	715	79
17.....	1913	72	74	83	92	70	75	75	85	76	702	78
18.....	1911	55	60	61	77	75	53	54	57	52	544	60
19.....	1913	84	76	93	90	82	87	76	87	75	750	83
27.....	1912	73	67	95	80	63	72	69	78	68	665	74
28.....	1913	70	77	94	96	75	96	63	100	63	734	81
29.....	1913	83	76	90	89	75	84	77	92	75	741	82
31.....	1913	91	82	94	89	88	81	79	94	93	791	88
36.....	1913	78	70	78	87	75	75	75	75	69	682	76
41.....	1913	96	77	95	88	75	87	77	94	96	785	87
44.....	1913	90	80	93	94	81	90	65	88	88	769	85
*45.....	1913	77	68	00	83	59	80	75	79	60	581	64
48.....	1913	81	73	84	80	76	75	75	67	75	686	76
50.....	1912	81	..	79	..	..	80	..	..	78	...	..
56.....	1913	78	66	49	75	64	78	63	76	73	622	69
59.....	1913	47	73	85	84	65	69	77	84	75	659	73
68.....	....	79	..	..	..	..	89	79	..	81	...	..
*70.....	1913	85	74	84	81	91	94	88	89	82	768	85
*71.....				Failed to appear.								
76.....	1913	75	72	83	93	79	99	75	80	82	738	82
83.....	1913	64	78	79	97	75	60	75	71	76	675	75
88.....	....	76	..	..	..	..	82	85	..	75	...	..
89.....	....	75	..	..	..	..	97	94	..	84	...	..
90.....	....	92	..	..	..	..	99	93	..	83	...	..
92.....	....	85	..	..	..	..	97	80	..	78	...	..
93.....	....	90	..	..	..	..	97	89	..	83	...	..
94.....	....	80	..	..	..	..	86	84	..	80	...	..
96.....	1913	71	76	92	91	62	89	60	76	59	666	74
97.....	....	76	..	..	..	..	94	77	..	75	...	..
98.....	....	73	..	..	..	..	77	75	..	67	...	..
99.....	....	79	..	..	..	..	75	81	..	80	...	..
100.....	....	91	..	..	..	..	100	76	..	83	...	..
102.....	....	94	..	..	..	..	91	79	..	75	...	..
103.....	1913	84	82	81	93	75	75	88	96	82	756	84
105.....	1912	97	77	82	75	66	95	75	61	84	712	79
106.....	....	80	..	..	..	..	89	62	..	64	...	..
107.....	1913	73	80	88	94	75	60	80	71	63	684	76
111.....	....	80	..	..	..	..	90	90	..	84	...	..
113.....	....	83	..	..	..	..	95	89	..	75	...	..
114.....	1913	93	91	89	80	75	88	75	87	89	767	85
121.....	....	96	..	..	..	..	95	89	..	90	...	..
123.....	....	90	..	..	..	..	77	78	..	81	...	..
125.....	....	94	..	..	..	..	99	93	..	75	...	..
129.....	....	74	..	..	..	..	84	79	..	80	...	..
132.....	1913	90	79	82	89	80	88	67	81	94	750	83
136.....	1913	87	76	88	93	82	84	83	85	89	758	84

*B. M. C.

Dr. Wilmer Brinton, class of 1876, is among the recent arrivals at Bay Head, N. J.

Dr. Charles H. Conley, Baltimore Medical College, class of 1899, of Frederick county, Maryland, has announced his intention of resigning as chairman of the Frederick County Central Committee, which position he has held for the past six years. Dr. Conley is also a member of the State Central Committee.

The new members of the Faculty of Physic for the year 1913-1914 are:

Drs. David Streett, Samuel K. Merrick and Ridgely B. Warfield.

The following comprise the Board of Instruction for the ensuing year:

SAMUEL C. CHEW, M. D., LL. D., Emeritus Professor of Medicine.
R. DORSEY COALE, Ph. D., M. D., Professor of Chemistry and Toxicology, Dean of the Faculty.
RANDOLPH WINSLOW, A. M., M. D., LL. D., Professor of Surgery.
L. E. NEALE, M. D., LL. D., Professor of Obstetrics.
CHARLES W. MITCHELL, A. M., M. D., Professor of Pediatrics and Clinical Medicine.
THOS. A. ASHBY, M. D., LL. D., Professor of Diseases of Women.
J. HOLMES SMITH, M. D., Professor of Anatomy.
JOHN C. HEMMETER, M. D., Ph. D., Sc. D., LL. D., Professor of Physiology and Clinical Medicine.
ARTHUR M. SHIPLEY, M. D., Professor of Materia Medica and Surgical Pathology.
DAVID STREETT, A. M., M. D., Professor of Practice of Medicine.
SAMUEL K. MERRICK, M. D., Professor of Diseases of the Throat and Nose.
RIDGELY B. WARFIELD, M. D., Professor of Practice of Surgery.
ERNEST ZUEBLIN, M. D., Professor of Medicine.
JOSE L. HIRSH, B. A., M. D., Professor of Pathology and Bacteriology and Visiting Pathologist to the University Hospital.
HIRAM WOODS, A. M., M. D., Professor of Ophthalmology and Otology.
JOHN S. FULTON, A. B., M. D., Professor of State Medicine.
DANIEL BASE, Ph. D., Professor of Analytical Chemistry.
GORDON WILSON, M. D., Professor of Principles of Medicine.
HARRY ADLER, B. A., M. D., Professor of Clinical Medicine.
THOMAS C. GILCHRIST, M. R. C. S., L. S. A., M. D., Professor of Dermatology.
FRANK MARTIN, B. S., M. D., Professor of Clinical and Operative Surgery.
CHARLES G. HILL, A. M., M. D., Professor of Psychiatry.
A. C. POLE, M. D., Professor of Descriptive Anatomy.
J. D. BLAKE, M. D., Professor of Clinical Surgery.
J. FRANK CROUCH, M. D., Professor of Clinical Ophthalmology and Otology.
J. M. H. ROWLAND, M. D., Professor of Clinical Obstetrics.
CHARLES O'DONOVAN, A. M., M. D., LL. D., Professor of Clinical Pediatrics and Clinical Medicine.
G. MILTON LINTHICUM, A. M., M. D., Professor of Diseases of the Rectum and Colon.
W. B. PERRY, M. D., Professor of Clinical Gynecology.
TILGHAM B. MARDEN, A. B., M. D., Professor of Histology and Embryology.
J. MASON HUNDLEY, M. D., Professor of Clinical Gynecology.
JOSEPH T. SMITH, M. D., Professor of Medical Jurisprudence and Hygiene.
ST. CLAIR SPRUILL, M. D., Professor of Clinical Surgery.
R. TUNSTALL TAYLOR, M. D., Professor of Orthopedic Surgery.
JOHN R. WINSLOW, B. A., M. D., Professor of Diseases of the Throat and Nose.
J. M. CRAIGHILL, M. D., Professor of Clinical Medicine.
JOS. E. GICHNER, M. D., Professor of Clinical Medicine and Physical Therapeutics.
CHARLES W. MELLREISH, M. D., Professor of Clinical Medicine.
IRVING J. SPEAR, M. D., Professor of Neurology.
GIDEON TIMBERLAKE, M. D., Professor of Genito-Urinary Diseases.
CAS. A. NYDEGGER, M. A., M. D., Sc. D., Surg. U. S. P. H. Service, Professor of Tropical Medicine.
JOHN G. JAY, M. D., Clinical Professor of Surgery.
J. W. HOLLAND, M. D., Associate Professor of Anatomy and Lecturer on Clinical Surgery.
NATHAN WINSLOW, M. A., M. D., Clinical Professor of Surgery.
EAGLE EDMUNDS, M. D., Clinical Professor of Genito-Urinary Diseases.
R. H. JOHNSTON, A. B., M. D., Clinical Professor of Diseases of the Throat and Nose.
F. L. PATTERSON, M. A., Associate Professor of Biology and Physiology.

WM. FARLOW, M. D., Associate Professor of Ophthalmology and Otology.
G. C. LOCKARD, M. D., Associate Professor of Clinical Medicine and Pediatrics.
E. E. WHITNEY, M. D., Associate Professor of Physiological Chemistry, Pharmacology and Clinical Pathology.
F. B. FREEMAN, S. B., M. D., Associate Professor of Clinical Medicine.
WILLIAM CASPARI, JR., Ph. G., M. D., Associate Professor of Materia Medica.
J. W. GOLL, M. D., Associate Professor of Clinical Medicine.
H. R. SPENCER, M. D., Associate Professor of Pathology and Bacteriology.
F. E. STROBEL, A. B., M. D., Associate Professor of Dermatology.
W. B. WOLF, M. D., Associate Professor of Genito-Urinary Diseases.
THOMAS W. BROWN, A. B., M. D., Associate Professor of Clinical Medicine.
J. CLEMENT CLARK, M. D., Associate Professor of Psychiatry.
WM. H. SMITH, M. D., Associate in Clinical Medicine.
H. E. FUTTERMAN, M. D., Associate in Ophthalmology and Otology.
H. J. MALDEIS, M. D., Associate in Pathology and Bacteriology.
COMPTON RIELY, M. D., Associate in Orthopedic Surgery.
H. W. BRENT, M. D., Associate in Gynecology.
A. H. CARROLL, M. D., Associate in Gastro-Enterology and Assistant Gastro-Enterologist to the University Hospital.
ISAAC M. MACKS, M. D., Associate in Pathology and Bacteriology.
J. DAWSON REEDER, M. D., Associate in Proctology.
E. F. KELLY, Phar. D., Associate in Chemistry.
C. C. CONNER, M. D., Associate in Physiology.
J. C. LUMPKIN, M. D., Associate in Clinical Surgery.
J. SOMERVILLE FISCHER, A. B., M. D., Associate in Clinical Medicine and Pediatrics.
JOHN EVANS, M. D., Associate in Anatomy.
J. K. E. L. SPEGAR, M. D., Associate in Obstetrics.
F. H. HAYWARD, M. D., Associate in Gynecology.
H. C. BLAKE, M. D., Associate in Operative Surgery.
J. L. WRIGHT, M. D., Associate in Anatomy.
SIDNEY M. CONE, A. B., M. D., Associate in Orthopedic Surgery.
CLYDE A. CLAPP, M. D., Associate in Ophthalmology and Otology.
J. E. POULTON, M. D., Associate in Pediatrics.
G. S. M. KIEFFER, M. D., Associate in Histology and Embryology.
J. PERCY WADE, M. D., Associate in Psychiatry.
W. I. MESSICK, M. D., Lecturer on Clinical Medicine.
FRANK W. KEATING, M. D., Lecturer on Psycho-Asthenics.
H. C. HYDE, M. D., Lecturer on Pediatrics.
H. W. STONER, M. D., Lecturer on Bacteriology.
W. P. E. WYSE, M. D., Lecturer on Psychiatry.
W. G. QUEEN, M. D., Lecturer on Osteology.
G. A. FLEMING, M. D., Demonstrator of Ophthalmology and Otology.
H. L. SINSKY, M. D., Demonstrator of Materia Medica.
H. C. DAVIS, M. D., Demonstrator of Diseases of the Throat and Nose.
G. W. HEMMETER, M. D., Demonstrator of Physiology.
W. F. SOWERS, M. D., Demonstrator of Histology and Embryology.
H. U. TODD, M. D., Demonstrator of Clinical Pathology.
JOHN A. POMPKINS, JR., M. D., Instructor in Minor Surgery and Bandaging.
J. F. HAWKINS, M. D., Instructor in Neurology.
G. M. SETTLE, M. D., Instructor in Neurology.
ROBERT P. BAY, M. D., Instructor in Surgery.
R. C. METZEL, M. D., Instructor in Medicine.
G. S. M. KIEFFER, M. D., Instructor in Medicine.
J. F. O'MARA, M. D., Instructor in Medicine.
H. W. JONES, M. D., Instructor in Medicine.
H. D. McCARTY, M. D., Instructor in Medicine.
WILBUR P. STUBBS, M. D., Instructor in Medicine.
F. S. LYNN, M. D., Instructor in Surgery.
F. J. KIRBY, M. D., Instructor in Surgery.
HENRY CHANDLEE, M. D., Instructor in Radiography.
R. G. WILLSE, M. D., Instructor in Gynecology.
W. K. WHITE, M. D., Instructor in Gynecology.
R. L. MITCHELL, M. D., Instructor in Gynecology.
FRED RANKIN, M. D., Instructor in Surgery.
J. M. DELEVETT, M. D., Instructor in Obstetrics.
C. IRWIN HILL, A. B., M. D., Instructor in Psychiatry.
MILTON P. HILL, M. D., Instructor in Neurology.
H. S. GORSUCH, M. D., Instructor in Obstetrics.
JOHN G. JEFFERS, M. D., Instructor in Diseases of the Rectum and Colon.
S. H. STREETT, S. B., M. D., Instructor in Gynecology.
CHRISTIAN DEETJEN, M. D., Instructor in Radiography.
A. J. UNDERHILL, M. D., Instructor in Genito-Urinary Diseases.
S. GRIFFITH DAVIS, M. D., Instructor in Anaesthesia.
G. M. SETTLE, M. D., Instructor in Medicine.
R. C. METZEL, M. D., Assistant in Pathology and Bacteriology.
LEO KARLINSKY, M. D., Assistant in Pathology and Bacteriology.
H. W. BRENT, M. D., Assistant in Pathology and Bacteriology.
W. G. QUEEN, M. D., Assistant in Histology and Embryology.
G. W. HEMMETER, M. D., Assistant Demonstrator of Physiology.
H. U. TODD, M. D., Assistant in Clinical Pathology.
R. G. WILLSE, M. D., Assistant in Histology and Embryology.
F. W. HOBLEMANN, M. D., Assistant in Genito-Urinary Diseases.
J. W. SANDELSON, M. D., Assistant in Medical Topography.
J. M. FENTON, M. D., Assistant in Gynecology.
H. BOYD WYLIE, M. D., Assistant in Clinical Pathology and Pharmacology.
S. A. BAIN, M. D., Assistant in Dermatology.
GEORGE MURGATROYD, M. D., Assistant in Diseases of the Throat and Nose.
HORACE W. NICHOLSON, M. D., Assistant in Diseases of the Throat and Nose.
MAURICE LAZENBY, A. B., M. D., Assistant in Gynecology.
H. J. WALTON, M. D., Assistant in Radiography.
W. SAULSBURY NIBLETT, M. D., Assistant in Orthopedic Surgery.
W. H. DANIELS, M. D., Assistant in Orthopedic Surgery.
H. W. NICHOLSON, M. D., Assistant in Diseases of the Throat and Nose.
GEORGE E. BENNETT, M. D., Assistant in Orthopedic Surgery.
A. L. FEHSENFELD, M. D., Assistant in Neurology.
HARRY A. BISHOP, M. D., Assistant in Neurology.
EDWARD A. LOOPER, M. D., Assistant in Ophthalmology and Otology.
W. G. QUEEN, M. D., Assistant in Ophthalmology and Otology.

Dr. Edgar M. Parlett, Baltimore Medical College, class of 1902, is located at New Castle, Pa.

DEATHS

Dr. John Francis Graham, Baltimore Medical College, 1896, died at his home in Marion, Ind., recently, aged 62 years.

Dr. John W. McPherson, Baltimore Medical College, 1898, of Haw River, N. C., died suddenly at the home of his father in Liberty, N. C., July 27, 1913, aged 40 years.

Dr. Eugene Fauntleroy Cordell, class of 1868, M.A., University of Maryland, 1907, Professor of the History of Medicine and Librarian, died at his home, 257 West Hoffman street, Baltimore, Md., Wednesday, August 27, 1913, aged 70 years.

Dr. Cordell was a native of Charlestown, Va. (now West Virginia). He was born June 25, 1843; was the son of Dr. L. O'Connor Cordell and Christine Turner Cordell, grandson of Presley Cordell, great-grandson of George Edwards Cordell and great-great-grandson of Rev. John and Elizabeth Cordell, who emigrated to America from Wiltshire, England, in 1743, and settled in Virginia.

Dr. Cordell acquired his elementary education at Charlestown Academy and the Episcopal High School near Alexandria, the diocesan school of Virginia. He entered the service of the Confederate States, July 11, 1861, after receiving a military training at the Virginia Military Institute. His first assignment was as drillmaster to the Third Regiment of the Wise Legion, then oc-

cupying Kanawha Valley, in the western part of Virginia, afterwards known as the Sixteenth Virginia Infantry. He served through the entire war in the fighting department, successively as drillmaster, sergeant-major, lieutenant and adjutant-general of the brigade. He was several times wounded and was twice taken prisoner. He returned home June 23, 1865. Upon his return he taught school one winter, and in the spring of 1866 took up the study of medicine at the University of Maryland, where he graduated from the medical department in 1868. For the next year and a half he was assistant physician at the University Hospital, and then engaged in the general practice of his profession in the city of Baltimore.

For more than 35 years Dr. Cordell was a conspicuous figure in the medical history of Baltimore and its institutions of medical instruction. He was attending physician to the Baltimore General Dispensary from 1869 to 1872; librarian of the Medical and Chirurgical Faculty of Maryland in 1870-71, and again from 1880 to 1887; co-editor of the MARYLAND MEDICAL JOURNAL from 1880 to 1882; one of the founders of the Woman's Medical College and its professor of Materia Medica and Therapeutics, 1882-84; professor of Principles and Practice of Medicine, 1884-1903; attending physician to Good Samaritan Hospital, 1882-1903; president of the Hospital Relief Association, 1893-97; president of the Medical Society of the Woman's Medical College, 1884-86 and 1899-1901; president of the Medical Society of the University of Maryland, 1897-98; editor of the *Bulletin* of the Medical Society of the Woman's Medical College, 1894-98; president of the Johns Hopkins Hospital Historical Club, 1902-04; president of the Medical and Chirurgical Faculty of Maryland, 1903-04; honorary professor of the History of Medicine and librarian University of Maryland School of Medicine, 1903-04; editor of *Transactions of Medical and Chirurgical Faculty*, 1904; author of "Historical Sketch of University of Maryland," 1891; author of "The Medical Annals of Maryland," 1903; editor-in-chief of "*Old Maryland*," the official organ of the General Alumni Association of the University of Maryland, 1905-1913; member of the board of trustees of University endowment fund; author and editor of numerous papers and addresses on historical, medical and literary subjects; founder of the Endowment Fund of the University of Maryland and the Home for Widows and Orphans of Physicians, and the originator of the Association of American Medical Colleges.

Dr. Cordell married Louisa Tazewell Southall, daughter of Dr. James Barrett Southall of Smithfield, Isle of Wight county, Virginia. Four children were born of this marriage, three of whom are now living.

Since publishing the notice in the June issue of the death of our oldest alumnus, Dr. John W. C. O'Neal, class of 1844, who died at his home in Gettysburg, Pa., April 24, 1913, from senile debility, aged 92 years, we have come into possession of fuller particulars concerning his varied and active life, which we take great pleasure in publishing for the benefit of our readers.

"Dr. J. W. C. O'Neal, one of Pennsylvania's oldest physicians and one of Gettysburg's most honored residents, died at his home on Carlisle street at 11.50 Thursday night, aged 92 years and three days.

"Dr. O'Neal's excellent health with which he was endowed during a long and active life continued almost to the end, and he was able to be about until a few weeks before his death.

"During Dr. O'Neal's career as a physician he came into close touch with scores of Gettysburg families, and these, together with his many other friends, held him in the highest esteem. He was beloved by many, as was shown by the earnest solicitude of his large circle of friends during the illness of the past several weeks, which finally terminated in his death.

"For the greater portion of his life in Gettysburg he resided on Baltimore street, but a few years ago he gave up his home there in order to allow the use of that section for the new Federal building. Since then he resided on Carlisle street. Dr. O'Neal was successful not only in his profession, but in his affairs of business. He was public spirited and progressive, taking a keen satisfaction in everything that made for the betterment of the town. But his interests lay not here alone, and he was widely known in the State through his membership in prominent organizations and participation in other activities. He was uniformly courteous—the typical 'old school gentleman'—and his death means the loss of one of Gettysburg's most esteemed residents.

"Dr. O'Neal was born in Fairfax county, Vir

gists, of Irish and American parentage. He received his classical education at Pennsylvania College, Gettysburg, and in later took up the study of medicine with Drs. John Swope of Taneytown and N. R. Smith of Baltimore. He attended the medical department of the University of Maryland, and received his degree of doctor of medicine from that institution in 1844. In the spring of that year he settled in Hanover, which he made his home for five years, moving to Baltimore in 1849. He finally came to Gettysburg, in 1863, and made his home here ever since that time.

"He rendered valuable service to wounded soldiers at both Antietam anad Gettysburg, and enjoyed a large practice in this town and county. He was one of the founders of the Adams County Medical Society, its first treasurer and later its president. Dr. O'Neal was a member of the Pennsylvania Medical Society and the American Medical Association. He contributed many valable articles to medical journals, and was widely recognized as a physician of ability.

"For three years during his residence in Baltimore Dr. O'Neal was a Commissioner of Public Schools in that city, and during that period was vaccine physician of the Twentieth Ward.

"In 1877 and 1886 he was delegate from Pennsylvania to the Maryland State Medical Society, and for many years he was a member of the Board of Commissioners of Public Charities of the Commonwealth of Pennsylvania, taking office in 1883 and serving continuously for almost a quarter of a century. He was one of the delegates to the National Medical Association from this State in 1884, and his membership in that body dated from that time. He also represented this State in the Thirteenth National Conference of Charities and Correction at St. Paul, Minn., in 1886.

"Dr. O'Neal and Miss Ellen Wirt, daughter of Henry Wirt of Hanover, were married in 1847. Mrs. O'Neal died a number of years ago, and he leaves five children—Mrs. Mary Crapster of Taneytown, Mrs. J. T. Huddle of Washington, D. C.; Dr. Walter H. O'Neal, Miss Katie O'Neal and Miss Annie O'Neal of Gettysburg.

"Funeral service was held at his late home at 10.30 o'clock Monday morning, conducted by Dr. T. J. Barkley. The body was taken to Hanover, leaving Gettysburg at 12.55 Monday afternoon. Interment at Hanover was private."

Dr. William Wyatt Wiley, class of 1871, of Cumberland, Md., one of the oldest and most prominent physicians of Western Maryland, died after a lingering illness at his home, August 27, 1913, aged 64 years.

Dr. Wiley was the son of Rev. John Wiley and Sarah A. Morrell. His early education was acquired at Charlotte Hall in St. Mary's county. He received his medical education at the University of Maryland Medical School, where he matriculated in 1868, graduating in 1871. He was for twelve years a member of the Maryland State Board of Medical Examiners, a member of the American Medical Association, Maryland State Medical Society and Cumberland County Medical Society. On February 24, 1876, Dr. Wiley married Lillian E. Ogilby, who survives him; also three chldren, Mrs. John L. Wellington, Mrs. Harry E. Weber and Miss Sarah V. Wiley. Dr. Wiley took a leading interest in civic matters and was an active Democrat.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., of THE HOSPITAL BULLETIN OF THE UNIVERSITY OF MARYLAND, published monthly at Baltimore, Md., required by the Act of August 24, 1912.

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Sworn to and subscribed before me this 10th day of September, 1913.

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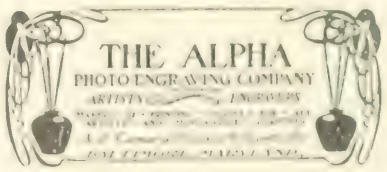

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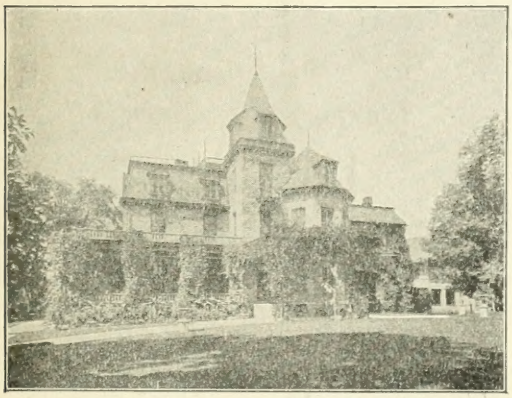

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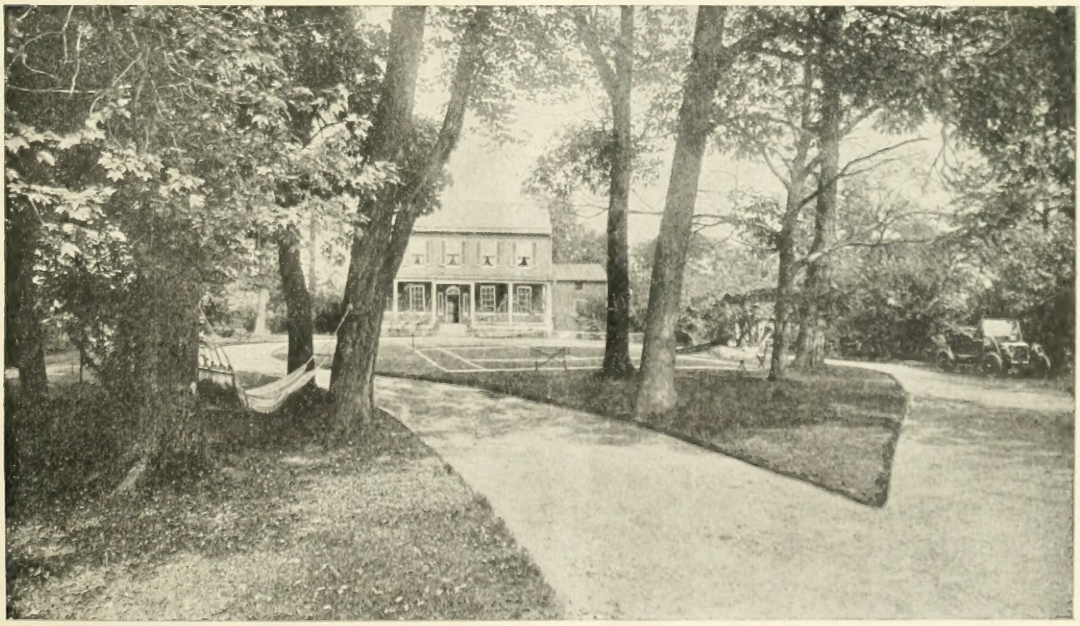

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